

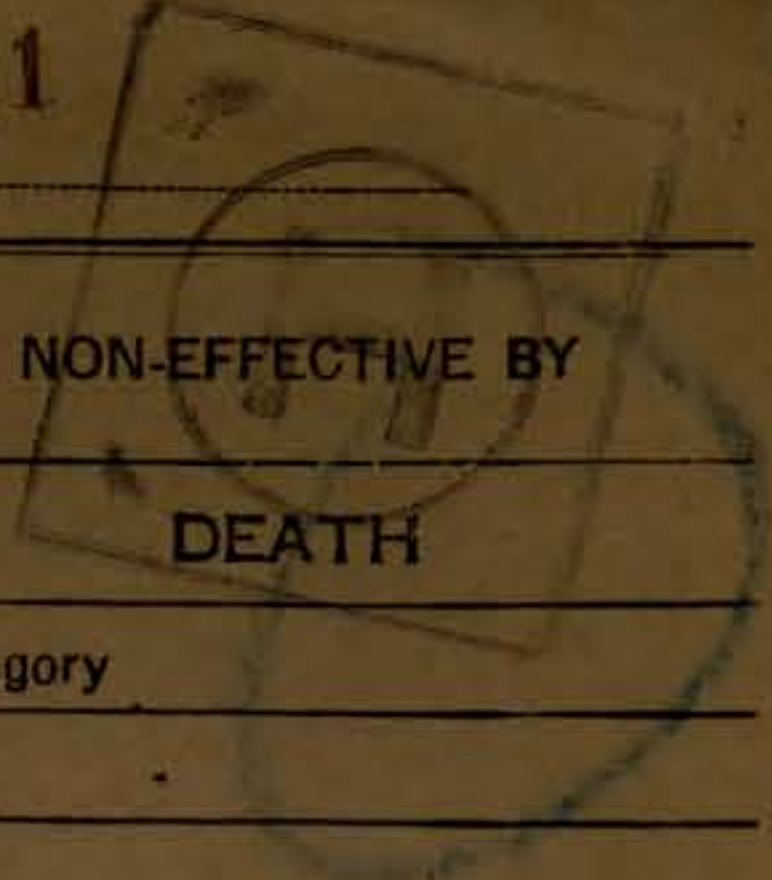
2B  
4-19  
Pto

NAME BERGERON Louis

REGT. NO. 316 3726

UNIT 2/2 CR

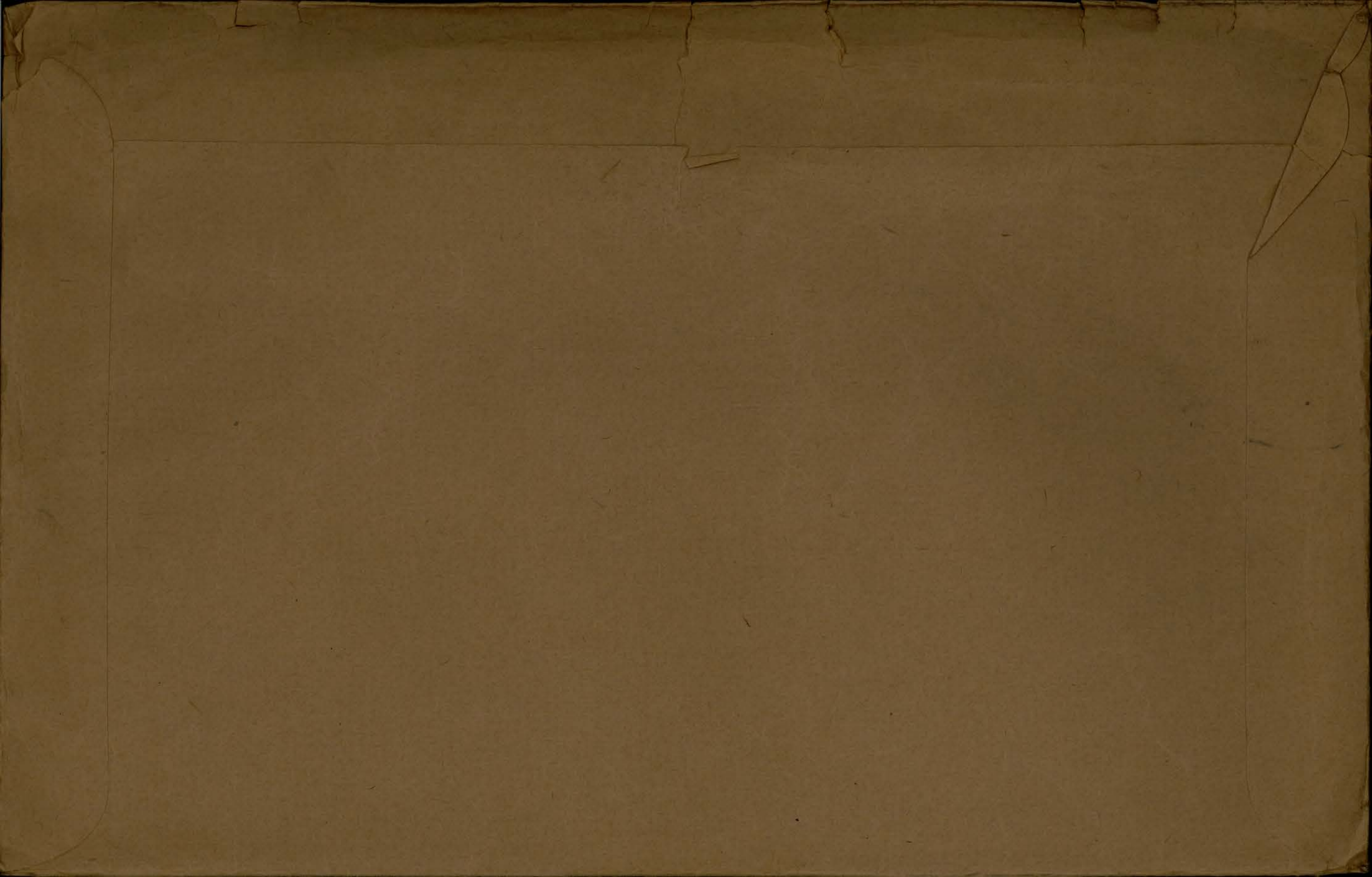
H. Q. FILE NO. 15831



CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)					<b>DEATH</b>
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
RECT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 268A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					
DENTAL HISTORY SHEET (M.F.B. 465)					<b>DISCHARGE</b>
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Category
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
/ DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					
LAST PAY CERTIFICATE (M.F.W. 44)					<b>DESERTION</b> <i>Deserted</i>
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					









ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? Bergeron.
1a. What are your Christian names? Louis.
1b. What is your present address? 523 Curatier St Hoch. mill.
2. In what Town, Township or Parish, and in what Country were you born? St Jerome P.Q.
3. What is the name of your next-of-kin? Albert Bergeron
4. What is the address of your next-of-kin? St Jerome P.Q.
4a. What is the relationship of your next-of-kin? Father.
5. What is the date of your birth? 26 September 1895
6. What is your Trade or Calling? Driver
7. Are you married? No
8. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
9. Do you now belong to the Active Militia? 65th C. M. R.
10. Have you ever served in any Military Force? Three years
11. Do you understand the nature and terms of your engagement? Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? No
14. If so, what was the nature of the disability? None
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? No
16. If so, what was the reason? None

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Louis Bergeron, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date 5th August 1914 (Signature of Recruit) Louis Bergeron (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Louis Bergeron, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date 5th August 1914 (Signature of Recruit) Louis Bergeron (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at this day of 1914

(Signature of Justice)



**Description of \_\_\_\_\_ on Enlistment.**

Apparent Age.....years .....months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height.....ft.....ins.

Chest measurement. { Girth when fully expanded.....ins.  
 Range of expansion.....ins.

Complexion.....

Eyes.....

Hair.....

Religious denominations. { Church of England.....  
 Presbyterian.....  
 Methodist.....  
 Baptist or Congregationalist.....  
 Roman Catholic.....  
 Jewish.....  
 Other denominations.....  
 (Denomination to be stated.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

**CERTIFICATE OF MEDICAL EXAMINATION.**

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him\*.....for the **Canadian Over-Seas Expeditionary Force.**

Date.....191 .

Place.....  
Medical Officer.

\*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

.....  
 .....  
 .....

**CERTIFICATE OF OFFICER COMMANDING UNIT.**

.....having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

.....(Signature of Officer)

Date.....191 .



# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

20 Private

This is to Certify that No. BERGERON Louis (Rank) \_\_\_\_\_

Name (in full) \_\_\_\_\_ enlisted in

the Composite Battalion

of the Montreal QUEBEC 5th

CANADIAN EXPEDITIONARY FORCE at \_\_\_\_\_ on the \_\_\_\_\_

day of August 14 1918

HE served in \_\_\_\_\_ EMO 377 (10) C.M. 1917 MD4

and is now discharged from the service by reason of Unfit R.O. #433

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

Age <u>22 years</u>	Marks or Scars <u>None</u>
Height <u>5 feet 8 inches</u>	
Complexion <u>Dark</u>	
Eyes <u>Brown</u>	
Hair <u>Black</u>	
Hair <u>L</u>	

L Bergeron  
Signature of Soldier

R. W. G. [Signature]  
~~Issuing Officer~~ Lieutenant,  
Officer i/c Discharge Section, District Depot No. 4.  
Rank

Date of Discharge July 31st, 1918

Signed at Montreal QUEBEC 31st Appointment 18

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_

in Military District No. MD4 19-B-119

File Reference No. \_\_\_\_\_

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.



CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. **20** (Rank) **Private** Name **BERGERON Louis**

Unit **COMP. BN.**

Address on Discharge **Ste Agathe Des Monts QUEBEC**

Character and Conduct **good**

Former Occupation **Driver**

Special Qualifications of Value in Civil Life **Driver**

Medals and Decorations

Remarks **"EUROPEAN WAR" Served in Canada from 5-8-14 to 31-7-18**

Signed at **Montreal QUEBEC** this **31st** day of **July** 19**18**

**R. W. G. G.**  
Name of Officer **Lieutenant,**  
Officer i/c Discharge Section, District Depot No. 4.

Rank

Appointment







Handwritten scribbles or faint markings at the bottom of the page.



D.C. 20.

# MEDICAL HISTORY SHEET.

Surname Burgin Christian Name Louis

Examined { on 1st day of September, 1915.  
 at NO 11 Pic

Approved by J. A. Fairie  
 Rank Lieut A.M.C. M.O.

Birthplace { City or Town Montréal, P.Q.  
 County Canada.

Apparent age 20 yrs.

Trade or occupation Driver.

Height 5 Feet 8. Inches.

Weight 170. Lbs.

Chest measurement { Minimum 36. inches.  
 Maximum expansion 40 1/2. inches

Physical development Good.

Small-Pox Marks None.

Vaccination Marks { Arm Right - Left -  
 Number None.

When Vaccinated last -

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Left foot slightly flat.  
Ulcus: R.E. 15/15. L.E. 15/15.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS.
		M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>4 2/15</u>		<u>T.P.S</u> M.O.
<u>18 2/15</u>		<u>T.P.S</u> M.O.
<u>23 9/15</u>		<u>J. A. Fairie</u> M.O.

Enlisted on        day of 191 at       

	CORPS.	REG'TL NUMBER.	RANK.	DATE.
Joined on enlistment				
Transferred to.. .....				

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.



Christian Name L.

Surname Bergeron,

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
Montreal. Que	✓	25	7	16	25	8	16	Pulmonary Tuberculosis	32	Transferred from R.V.H. to St. Joseph.	Wesley Brown Capt A.M.C.
St. Joseph L.S.M.S.	28/8/16	28	8	16	26	2	17.	do.		Disease "quiescent". Discharge to HQ. A. Hospital. Cease use of...	Wesley Brown



*Temporary Original not available*

Fill in only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 103.)

500M.—9-16

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps. Composite Rgt.

Regimental No. 20 Rank Private Name BERGERON Loius  
C. E. F.

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

Date of promotion to } Date of appointment } Numerical position on }  
 present rank } to lance rank } roll of N. C. Os. }

Extended..... Re-engaged..... Qualification (b).....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
<del>##-##-##</del> 31-7-18		Discharged Auth KR&O 377 (10) CM 1917 MD 4 22-B-579 Cat. "E" Medically Unfit discharged to I. S. C.			<i>[Signature]</i> Lieutenant, Officer i/c Discharge Section, District Depot No. 4.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]







\*Name .. Bergeon I. ..... Rank Pte. ..... Regtl. No. 20. .....

Original unit Comp. Present unit [Redacted] ..... M. or S. Age ..... Religion ..... Fyle Depot 3. 119 ..... Ref. H.Q. ....

Port, ship, and date of arrival Camp. .....

Next of kin .....

Address on leave (Homeaddress) 633 Chambly St. Montreal .....

Address on discharge .....

Transportation issued Yes No Date ..... Character on discharge .....

Previous occupation Driver. Date and place of enlistment .....

Diagnosis T.B.C. Date of Medical Boards .....

Date.	Remarks	Pt. 2 Order No.
<u>Adm. to</u>	<u>L.I.M.S. Ste. Agate</u>	
	<u>No 7 Hosp.</u>	
<u>Apr. 18.</u>	<u>Trans. to D.D. No. 4 Posted to Hosp. Sec.</u>	<u>1. 13.</u>
<u>9-9-18.</u>	<u>So. S. Hosp. Sec. on Trans to Dis Sec. 31-7-18.</u>	<u>144-p-2</u>

\*—Name will be given in full; surname first.



Date.

Remarks.

Pt. 2 Order No.

31-7-18 Discharged Auth KR&O 377 (10) CM 1917 MD 4 22-B-79 Cat. "E"

Medically Unfit R.O.#233 discharged to Inv. Sol. Comm.



FRENCH

649-B-4816

✓ ✓ ✓ ✓  
BERGERON, Louis No. 20 Pte. *Composite Bn.*

M & D widow

Mme. Germaine L. Bergeron,  
Ste. Agathe des Monts, P.Q.

P & S.

"

"

Memorial X

"

"

*Ser. # 987572.*

*Not Eligible for 14-15 Star.  
Service in Canada 71425 only.*

*Death due to disease  
20.9.23  
MS*



654054 5  $\frac{10}{23}$

P	OTTAWA, CANADA
	ORIGINAL NO.
SEARCHED	14/5/24
INDEXED	25/5/24
RECORDED	27/4/23
FILED	791
MANUSCRIPT DEPT.	REG. NO.



20 Feb - Bengtson Larv. Composite Tag  
M.D.Y

M.D.Y. A. Lewis M.A.C.C. Montreal

Discharge 31-7-18 to 28 S.O. M.D.Y. 4. 22-B-379

# 20 Bengtson R.

Feb. Tag List 1917 Cancelled M.D.Y

Post Office

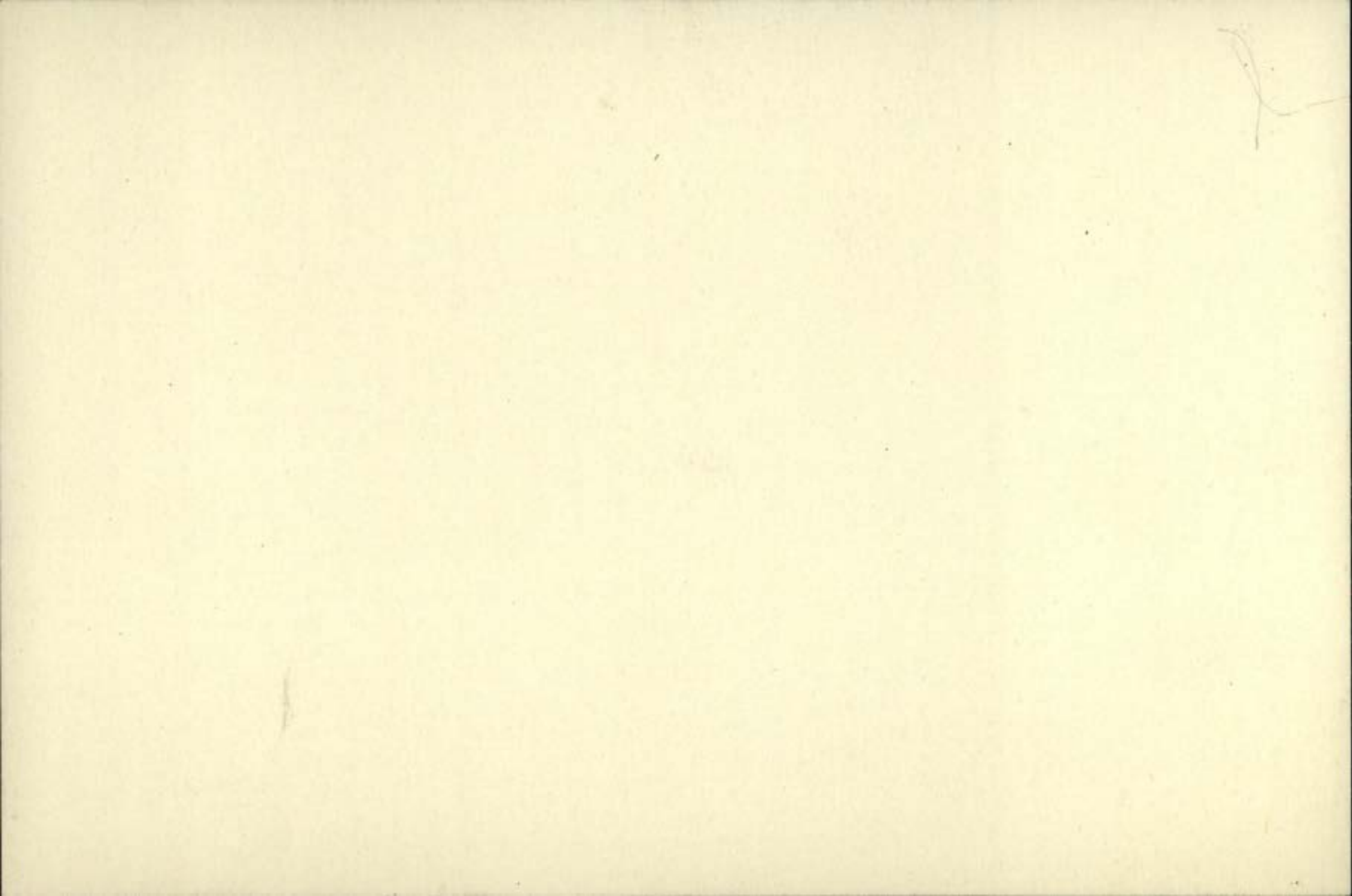
Tag from 19-8-16 to Feb 23-2-17

Reappears on March 1917 Tag List Coo. M.D.Y

Appears in A. Whit M.A.C.C. from 1st to 17th of  
April 1918 and reappears in 4th M.D. from 18th to 30th of  
(one Lewis joining into the other on that date)

SOS. 23-2-17 | SOS. Composite An. 31-7-18 Montreal







Bergeron. L. Pte ✓

20

Deposited to the Credit of the  
Hon. Receiver General in  
THE BANK OF MONTREAL, OTTAWA

Amount..... 12-50

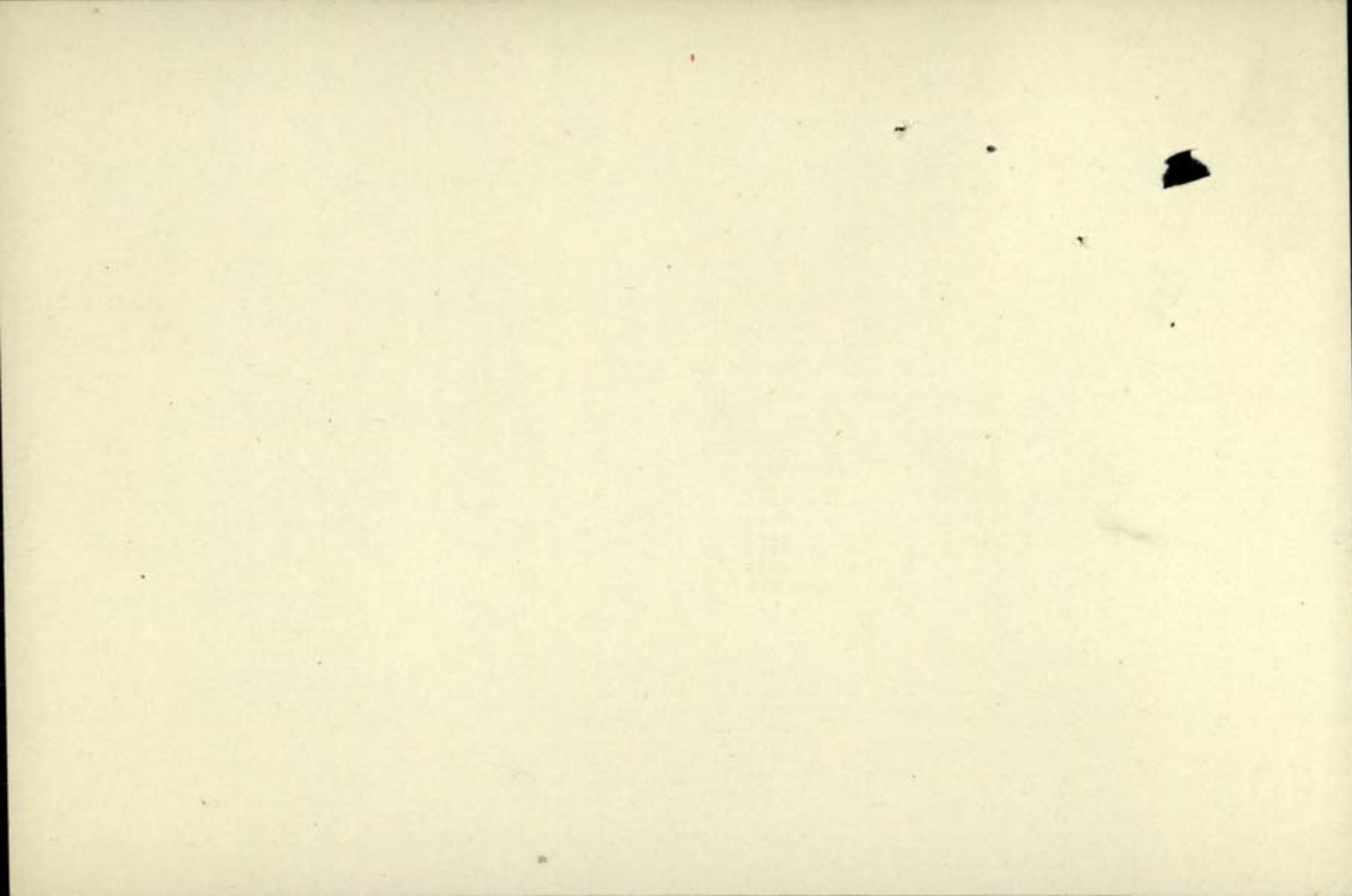
Date..... DEC 4 1918

Deposit Receipt No. 17951

J.S.G.

~~1140<sup>24</sup>  
18-1-19~~







## List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of  (a) Proceedings on Discharge.  (b) Attestation.  (c) Medical History Sheet (in the event of such having been prepared.)
Med. Hist. Sheet, Militia Form B. 313	
Medical Report for Invalid* " B. 227.	
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	
*Only if discharged "Medically unfit."	

*N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.*

This space to be for numbers

## Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page).

No.	20	
Rank	Private	
Surname	BERGERON	
Christian Name	Louis	
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.		
Corps (Squadron, Battery or Company)	Composite Battalion	
Date of Discharge	July 31st 1918	
Place of Discharge	Montreal QUEBEC	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age.....22.....years.....months.	Descriptive Marks  NONE	
Height.....5.....feet.....8.....inches.		
Complexion		Dark
Eyes		Brown
Hair		Black
Trade		Driver
Intended place of residence (To be given as fully as practicable.)		Ste Agathe Des Monts QUEBEC
2. The above-named man is discharged in consequence of  KRAO 377 (10) GM. 1917 MD4 22-9-379 Category "E" Medically Unfit P.C. # 433 Discharged to I.S.C.		
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.		
3. Conduct and character while in the service have been, according to the records, etc.  Good		
N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.		
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)  Driver		

M. F. B. 218.

100M.—1-17.  
H. Q. 1772-39-113.

(OVER)



5. He is in possession of the following number of G. C. Badges:

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

Served in Canada From  
5-8-14 to 31-7-18

NONE

To be copied by the Commandant in the Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) Montreal QUEBEC

(Date) July 31st 1918

*R. G. G.*  
Lieutenant  
Commanding Officer of the Discharge Section, District Depot No. 4

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) Montreal QUEBEC

(Date) July 31st 1918

*L. Beyerson*  
*Herbert Hill*  
Commandant's Representative (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to..... (the date to which the Record of Service is completed)..... years..... days.  
Total..... years..... days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place) Montreal QUEBEC

(Date) July 31st 1918

*R. G. G.*  
Lieutenant  
Officer in Charge Discharge Section, District Depot No. 4

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

NO RESERVATIONS

*L. Beyerson*



4117 9.1.19

**BORDEREAU POUR**

649-3-4816

On devra mentionner le numéro suivant—

**Q. G. Successions.**

Toutes correspondances ayant rapport à ce sujet, devront être adressées :

Le Secrétaire,  
Conseil Militaire,  
Ministère de la Milice et de la Défense,  
Ottawa,  
Ontario.

SUCCESSIONS.

Ministère de la Milice et de la Défense,  
OTTAWA,  
Ontario.

*St. Agathe-des-Monts* 1919  
*7 janvier*

Au sujet de la succession de feu *Louis Bergeron*  
No. *20*

Bataillon *65*

A défaut d'un testament, et afin que tout ce qui appartient à cette succession soit distribué suivant la loi de la Province où le défunt demeurait, il est nécessaire que toutes les informations, qui ont rapport au soldat et à ses proches, soient fournies, et inscrites dans le questionnaire qui se trouve sur une autre page.

Les détails demandés devront être soigneusement transcrits, et la déclaration devra être signée, en présence d'un membre du clergé ou d'un magistrat, à qui on devra demander de remplir et de signer le certificat. Cette formule devra être retournée à l'adresse ci-dessus.

Si des objets, appartenant au défunt, sont trouvés et expédiés ici, ils seront retournés à la personne y ayant droit, mais on doit comprendre qu'il est très difficile de retrouver ces articles sur un champ de bataille, et malgré toute la bonne volonté qu'on y met, on ne réussit pas toujours à le faire.

Ministère de la Milice et de la Défense.



Noms, âges et adresses, et dates du décès des parents du soldat défunt, suivant les degrés spécifiés ci-dessous.

Degrés de parenté.	Parents sur lesquels des renseignements sont exigés.	DÉCLARATION DE L'APPLICANT.		
		Noms et prénoms des parents existants, d'après le degré exigé.	Âge.	Noms et adresse en entier de chaque parent vivant, et la date de la mort de chaque parent décédé.
	Veuve du soldat.....	Germaine Gerret Bergeron 17 Ste Agathe des Monts		
1	Enfants du soldat et la date de leurs naissances			
2	Père du soldat.....	Albert Bergeron		
3	Mère du soldat.....	Alfida Simard		
4	Frères du soldat	de père	Jos. Bergeron	
		et de mère		
		demi-frères		
5	Sœurs du soldat	de père		
		et de mère		
		demi-sœurs		
6	Noms des frères et sœurs de père et de mère du soldat, décédés, et la date de leurs décès.	Noms et âges de leurs enfants (s'ils en ont).	Adresses de leurs enfants.	

DÉTAILS POUR CONSTATER L'IDENTITÉ.

7	Quel est le nom du soldat défunt ?	Louis Bergeron
8	Dans quel régiment servait-il au moment de sa mort ?	Coast Hussard
9	Quel était son numéro matricule ?	
10	Donnez le mois et l'année de sa naissance.	26 septembre 1895
	Quel était son âge quand il s'est enrôlé ?	19 ans
11	Quand et où ses parents se sont-ils mariés ?	
12	A-t-il été marié ? Si oui, mentionnez l'endroit et la date de son mariage.	Sainte Agathe des Monts
13	A-t-il laissé un testament ? Si oui, envoyez-le nous, où dites où l'on peut se le procurer.	Non

DÉTAILS SUR LA RÉSIDENCE DU DÉFUNT.

14	Où est né le défunt ?	St Jean
15	Dans quelle Province ou Provinces a-t-il résidé, et laquelle en dernier lieu ?	Québec
16	Combien de temps dans chacune ?	
17	Quel était la nature de son emploi ?	Barbier
18	Demeurait-il dans sa propre maison ou sur une concession du gouvernement ? Si oui, dans quelle Province cette concession était-elle située ?	Québec
19	A-t-il mentionné par parole ou écrit, dans quelle Province il voulait faire sa demeure permanente ? Si vous avez des écrits sur ce sujet, envoyez-les avec ce memorandum.	Québec
20	Ecrivez votre adresse où vous recevez votre courrier.	Sainte Agathe des Monts

DÉCLARATION.

\*Inscrivez les degrés de parenté, par exemple :

"Veuve"  
"Père"  
"Frère", etc.

Je soussigné, certifie que les circonstances mentionnées plus haut, et que les détails donnés dans l'exposé, qui se trouve sur la deuxième page sont vrais concernant les parents du soldat défunt, suivant les degrés requis; je suis le la veuve du défunt.

N.B.—Devra être signé par un membre du clergé ou un magistrat.

Germaine Gerret Bergeron  
Signature du demandeur.

CERTIFICAT.

Je soussigné certifie, qu'au meilleur de ma connaissance Germaine Louis Bergeron (Nom du demandeur) est le la veuve du soldat sus-mentionné, et je crois la déclaration ci-dessus ainsi que le rapport des parents, fait par le demandeur, et signés en ma présence, exacts et véridiques.

Fait à Sainte Agathe des Monts ce 7e jour de Juin 1919  
Signature d'un membre du clergé ou du magistrat. J. B. Bazinet, P. Curé Qualification  
Adresse Sainte Agathe des Monts

REMARQUES.—Avant d'accorder le certificat sus-mentionné, on devra agir avec précaution, s'enquérir du demandeur de tous les détails concernant la mort des parents qu'il mentionnera, ainsi que de l'adresse et le nom au complet des parents survivants, et que le tout soit inséré dans l'espace réservé à cet effet.



## List of Discharge Documents.

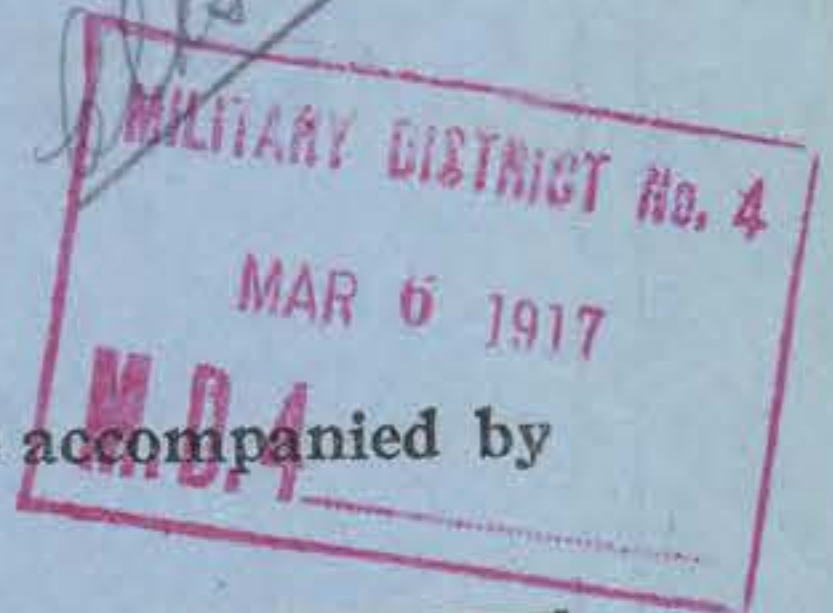
Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of  (a) Proceedings on Discharge.  (b) Attestation.  (c) Medical History Sheet (in the event of such having been prepared.)
Med. Hist. Sheet, Militia Form B. 313	
Medical Report for Invalid* " B. 227.	
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	

\*Only if discharged "Medically unfit."

*N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.*

This space to be for numbers.

## Proceedings on Discharge.



(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No. 20	
Rank <b>Private</b>	
Name <b>Bergeron, Louis</b> <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) <b>Composite Regiment M.D.No.4</b>	
Date of Discharge <b>February 23rd/17.</b>	
Place of Discharge <b>Montreal, P.Q.</b>	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age <b>21</b> years <b>5</b> months.	Descriptive Marks
Height <b>5</b> feet <b>8</b> inches.	
Complexion <b>Dark</b>	
Eyes <b>Dark Brown</b>	
Hair <b>Dark Brown</b>	
Trade <b>Driver</b>	
Intended place of residence } <b>633 Chambly St.</b> (To be given as fully as practicable.) } <b>Montreal, P.Q.</b>	
2. The above-named man is discharged in consequence of <b>Medical unfitness due to Tuberculosis</b> Under prov. H.Q. 60-4-8 of May 25th 16. <b>H.Q. Auth dated Feb.5th/17 4D 22-B-379.</b>	
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>	
3. Conduct and character while in the service have been, according to the records, etc.	
<small>To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.</small>	
	<small>N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:</small>
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	

M. F. B. 218.

100m.—6-16.  
H. Q. 1772-39-113

(OVER)

Corrected  
15-3-17  
P.S.



5. He is in possession of the following number of G. C. Badges:

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date)..... Commanding .....

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) Montreal, P.Q. L Bergeron (Signature of Soldier.)

(Date) February 23rd/17. S. L. Welby (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

.....(Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total 2 years 64 days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place) Montreal, P.Q.

(Signature) [Signature]

(Date) MAR 3 1917

O. C. "A" Unit

Military Hospitals Commissions Commandant

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

NO RESERVATIONS

L Bergeron



## List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Proceedings on Discharge " B. 218.
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Med. Hist. Sheet, Militia Form B. 313	
Medical Report for Invalid* " B. 227.	
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	(a) Proceedings on Discharge.
	(b) Attestation.
	(c) Medical History Sheet (in the event of such having been prepared.)

\*Only if discharged "Medically unfit."

*N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.*

This space to be for numbers.

## Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No. 20	
Rank <b>Private</b>	
Name <b>Bergeron, Louis</b> <small>Note—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) <b>Composite Regiment M.D.No.4</b>	
Date of Discharge <b>February 23rd/17.</b>	
Place of Discharge <b>Montreal, P.Q.</b>	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age <b>21</b> years <b>5</b> months.	Descriptive Marks
Height <b>5</b> feet <b>8</b> inches.	
Complexion <b>Dark</b>	
Eyes <b>Dark Brown</b>	
Hair <b>Dark Brown</b>	
Trade <b>Driver</b>	
Intended place of residence } <b>633 Chambly St.</b> (To be given as fully as practicable.) } <b>Montreal, P.Q.</b>	
2. The above-named man is discharged in consequence <b>Medical unfitness due to Tuberculosis Under pfov. H.Q. 60-4-8 of May 25th 16.</b> <b>H.Q. Auth dated Feb.5th/17 4D 22-B-379.</b>	
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>	
To be in the hand writing of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc.  <b>Good</b>
	<small>N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:</small>
	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)  <b>Orderly in Sanatorium</b>

M. F. B. 218.

160m.—6-16.  
H. Q. 1772-39-113

(OVER)



5. He is in possession of the following number of G. C. Badges:

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parolment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date)..... Commanding .....

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) Montreal, P.Q. L Bergeron (Signature of Soldier.)

(Date) February 23rd/17. S. P. (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

.....(Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total...2...years...64...days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place) Montreal, P.Q.

(Signature) G. C. Hall

(Date) MAR 1 1917



Military Hospitals Commissions Command

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

NO RESERVATIONS

L Bergeron